Data Quality: UBO & The Revenue Cycle

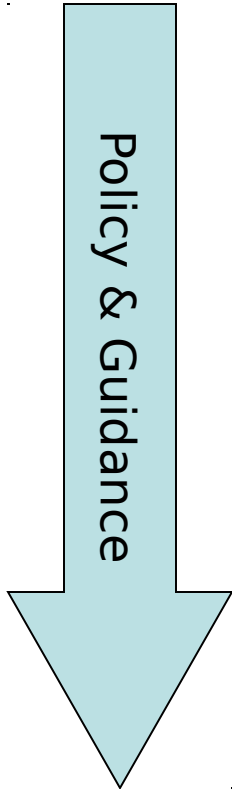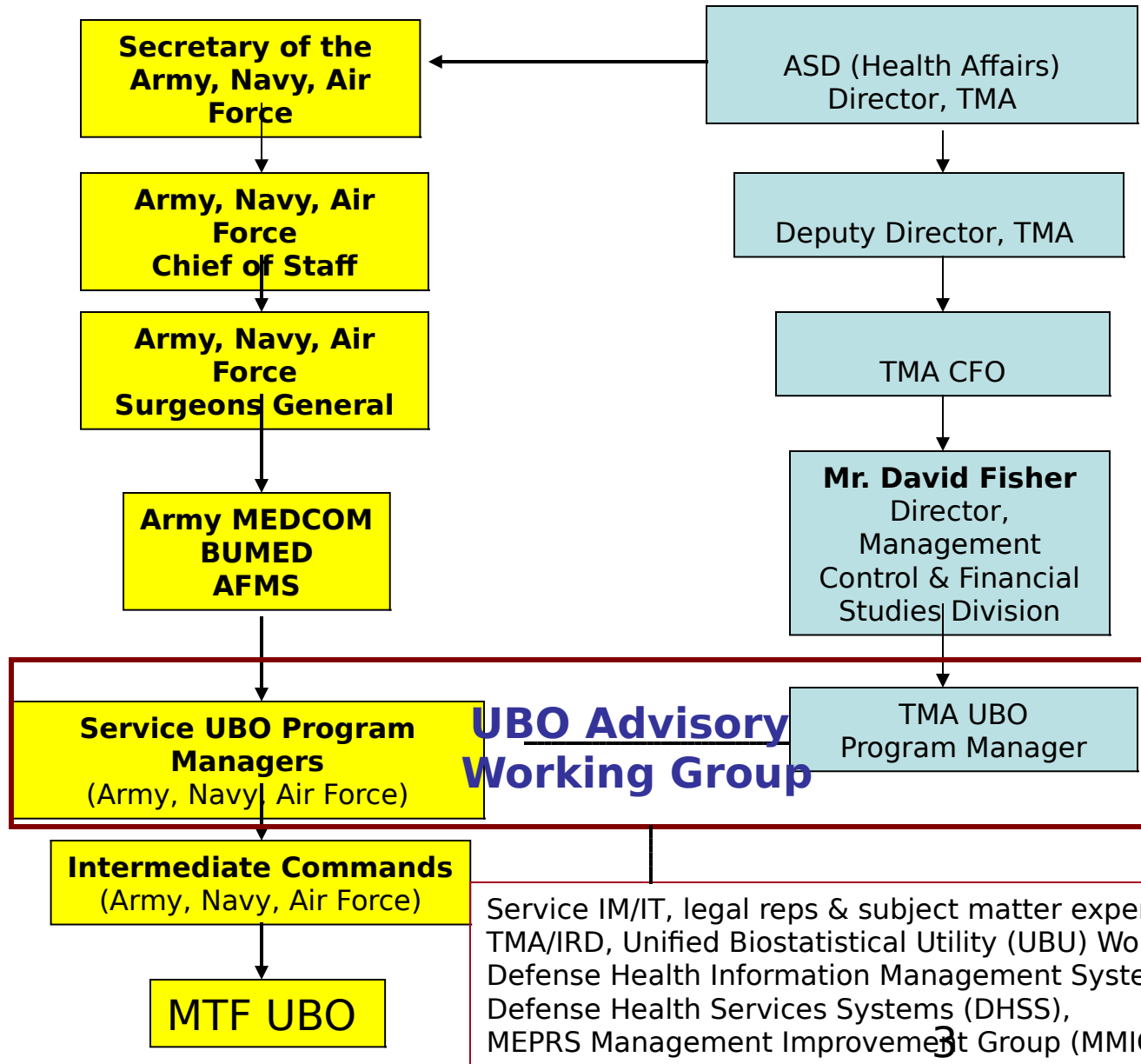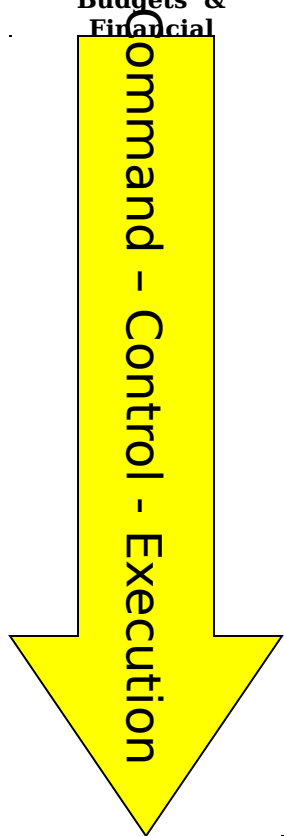## TMA Uniform Business Office (UBO) Program Manager

Outline

- Uniform Business Office (UBO) Organization

- UBO Cost Recovery Programs

- MHS Billing Systems

- MTF Revenue Cycle

- Data Quality and How it Affects Each Phase of the Revenue Cycle

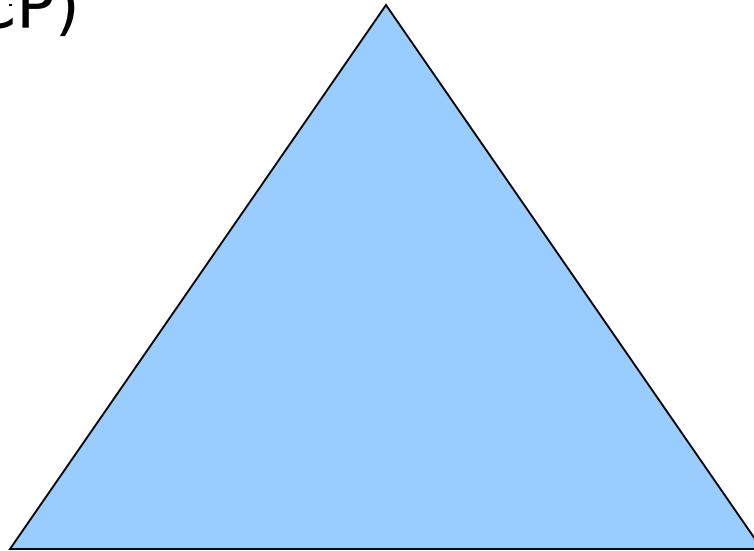- UBO Success Factors

- Resources

UBO Organization Chart

Health Budgets & Financial

Command – Control – Execution

Policy & Guidance

```
Secretary of the
Army, Navy, Air
Force
        ↓
Army, Navy, Air
Force
Chief of Staff
        ↓
Army, Navy, Air
Force
Surgeons General
        ↓
Army MEDCOM
BUMED
AFMS
        ↓
Service UBO Program
Managers
(Army, Navy, Air Force)
        ↓
Intermediate Commands
(Army, Navy, Air Force)
        ↓
MTF UBO
```

```
ASD (Health Affairs)
Director, TMA
        ↓
Deputy Director, TMA
        ↓
TMA CFO
        ↓
Mr. David Fisher
Director,
Management
Control & Financial
Studies Division
        ↓
TMA UBO
Program Manager
```

UBO Advisory Working Group

Service IM/IT, legal reps & subject matter experts (SME)
TMA/IRD, Unified Biostatistical Utility (UBU) Work Group,
Defense Health Information Management System (DHIMS),
Defense Health Services Systems (DHSS),
MEPRS Management Improvement Group (MMIG)

UNIFORM BUSINESS OFFICE
PROVIDING RESOURCES TO ENHANCE CARE

3

UBO Cost Recovery Programs

Third Party Collections Program (TPCP)

Medical Services Account (MSA)

Medical Affirmative Claims (MAC)

Who Gets Billed Under Which Cost Recovery Program?

- Third Party Collections Program
  - Bill insurers for care provided to <u>eligible DoD beneficiaries</u> (excludes Active Duty) with other health insurance (excluding Medicare & TRICARE)

- Medical Services Account
  - Includes billing for care provided to eligible patients from Veterans Affairs/Coast Guard /NOAA/ PHS/Civilian Emergencies/Foreign Military & their Family Members

- Medical Affirmative Claims
  - Bill for care provided to <u>eligible DoD beneficiaries</u> injured by third parties

Collections by UBO Cost Recovery Program

- Third Party Collections Program (TPCP)
  - $209.5M (FY 2008)
- Medical Services Account (MSA)
  - $120.1M (FY 2006)
- Medical Affirmative Claims (MAC)
  - $16.8M (FY 2006)
- ALL funds collected are retained by <u>your</u> MTF
  - TPC funds are <u>in addition to</u> your O&M budget

Direct Care TPCP
FY04 – FY08: Billed & Collected
($ Millions)

Service	FY04 Billed --	Collected	FY05 Billed --	Collected	FY06 Billed --	Collected	FY07 Billed --	Collected	FY08 Billed --	Collected
Outpatient										
Army	$40.8	$21.9	$48.6	$24.7	$47.5	$23.7	$85.2	$39.0	$105.3	$54.8
Navy	$21.6	$14.6	$24.2	$13.4	$22.2	$12.3	$45.1	$21.6	$53.6	$30.6
Air Force	$67.2	$30.6	$70.2	$26.1	$79.9	$28.6	$177.9	$59.0	$206.4	$80.7
Total	**$129.6**	**$67.1**	**$143.0**	**$64.2**	**$149.6**	**$64.6**	**$308.2**	**$119.6**	**$365.3**	**$166.1**
Inpatient										
Army	$42.8	$22.5	$39.3	$21.4	$43.6	$20.2	$54.4	$21.4	$58.3	$24.3
Navy	$19.9	$10.0	$20.1	$9.4	$17.1	$7.1	$20.8	$7.1	$23.2	$8.5
Air Force	$26.9	$14.3	$26.7	$11.3	$23.5	$11.2	$26.2	$11.7	$25.7	$10.6
Total	**$89.6**	**$46.8**	**$86.1**	**$42.1**	**$84.2**	**$38.5**	**$101.4**	**$40.2**	**$107.2**	**$43.4**

Data source: MTF DD Form 2570 as reported to the TMA UBO Metrics Reporting System

Health Budgets & Financial Policy

Direct Care TPCP
2nd Qtr - Billed & Collected ($ Millions)

Service	FY05		FY06		FY07		FY08		FY09	
	Billed --	Collected	Billed --	Collected	Billed --	Collected	Billed --	Collected	Billed --	Collected
Outpatient										
Army	$17.5	$11.3	$21.8	$12.3	$38.8	$19.3	$40.4	$24.7	$46.7	$33.6
Navy	$9.1	$6.6	$9.6	$6.2	$19.1	$9.7	$21.7	$14.2	$23.1	$16.8
Air Force	$28.5	$9.9	$32.1	$15.6	$79.1	$26.2	$85.0	$34.8	$101.2	$43.4
Total	**$55.1**	**$27.8**	**$63.5**	**$34.1**	**$137.0**	**$55.2**	**$147.1**	**$73.7**	**$171.0**	**$93.8**
Inpatient										
Army	$18.8	$10.7	$19.7	$9.0	$24.0	$8.9	$29.3	$12.2	$27.1	$14.3
Navy	$10.0	$4.8	$8.6	$3.9	$8.9	$3.8	$11.1	$3.8	$7.8	$3.8
Air Force	$13.5	$5.1	$9.9	$6.0	$10.8	$4.8	$13.4	$5.2	$11.0	$3.5
Total	**$42.3**	**$20.6**	**$38.2**	**$18.9**	**$43.7**	**$17.5**	**$53.8**	**$21.2**	**$45.9**	**$21.6**

Data source: MTF DD Form 2570 as reported to the TMA UBO Metrics Reporting System

Top Three MTFs by Service for Inpatient TPCP Collections

Health Budgets & Financial Policy

FY 2009 Collected Through 2nd Quarter

Service	Facility	FY2008 IP	FY2009 IP
Army	Washington D.C. (Walter Reed Army Medical Center)	$1,010,545.72	$4,549,149.49
Army	Ft. Sam Houston (Brooke Army Medical Center)	$2,435,814.56	$2,370,139.37
Army	Ft. Lewis (Madigan Army Medical Center)	$2,161,067.38	$2,290,233.83
Navy	NNMC Bethesda	$1,643,587.64	$1,190,709.15
Navy	NMC Portsmouth (VA)	$611,467.56	$983,199.00
Navy	NMC San Diego	$542,986.03	$628,091.48
Air Force	Lackland AFB (59th Medical Wing)	$2,170,100.75	$1,256,012.95
Air Force	Wright Patterson AFB (88th Medical Group)	$1,570,100.85	$867,637.11
Air Force	Travis AFB (60th Medical Group)	$265,808.88	$455,608.71

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System

Top Three MTFs by Service for Outpatient TPCP Collections

FY 2009 Collected Through 2nd Quarter

Service	Facility	FY2008 OP	FY2009 OP
Army	Ft. Belvoir (Dewitt Army Community Hospital)	$2,742,956.29	$3,349,638.95
Army	Redstone Arsenal (Fox Army Health Clinic)	$1,862,839.33	$3,336,935.84
Army	Ft. Lewis (Madigan Army Medical Center)	$1,361,605.36	$2,237,606.77
Navy	NH Jacksonville	$2,222,991.44	$3,009,575.11
Navy	NNMC Bethesda	$1,778,626.95	$2,211,663.26
Navy	NMC Portsmouth (VA)	$1,535,527.35	$1,621,141.63
Air Force	Wright Patterson AFB (88th Medical Group)	$3,528,444.13	$3,637,378.92
Air Force	Emendorf AFB (3rd Medical group)	$2,892,300.71	$3,133,201.32
Air Force	Lackland AFB (59th Medical Wing)	$1,469,598.19	$2,823,386.93

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System

Top Ten MTFs for Total TPCP Collections in FY 2009
Collected Through 2nd Quarter

Service	Facility	FY2009 Outpatient	FY2009 Inpatient	FY2009 Total
Army	Washington D.C. (Walter Reed Army Medical Center)	$2,209,859.00	$4,549,149.49	$6,759,008
Army	Ft. Lewis (Madigan Army Medical Center)	$2,237,606.77	$2,290,233.83	$4,527,841
Air Force	Wright Patterson AFB (88th Medical Group)	$3,637,378.92	$867,637.11	$4,505,016
Army	Ft. Sam Houston (Brooke Army Medical Center)	$2,050,235.76	$2,370,139.37	$4,420,375
Air Force	Lackland AFB (59th Medical Wing)	$2,823,386.93	$1,256,012.95	$4,079,400
Air Force	Emendorf AFB (3rd Medical group)	$3,133,201.32	$372,136.06	$3,505,337
Navy	NH Jacksonville	$3,009,575.11	$485,961.96	$3,495,537
Army	Ft. Belvoir (Dewitt Army Community Hospital)	$3,349,638.95	$72,451.06	$3,422,090
Navy	NNMC Bethesda	$2,211,663.26	$1,190,709.15	$3,402,372
Army	Redstone Arsenal (Fox Army Health Clinic)	$3,336,935.84	$0.00	$3,336,936

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System

Collections Per Non-AD Disp/Visit

Total Non-AD Inpatient Collections (million)

Service	FY2003	FY2008
Army	$20.90	$24.30
Navy	$9.30	$8.50
Air Force	$13.60	$10.60
Total	**$43.80**	**$43.40**

Total Non-AD Outpatient Collections (million)

Service	FY2003	FY2008
Army	$18.70	$54.80
Navy	$10.80	$30.60
Air Force	$18.30	$80.70
Total	**$47.80**	**$166.10**

Number of Non-AD Inpatient Dispositions

Service	FY2003	FY2008
Army	97,298	99,526
Navy	64,514	56,464
Air Force	46,768	32,241
Total	**208,580**	**188,231**

Number of Non-AD Outpatient Visits

Service	FY2003	FY2008
Army	6,466,869	6,179,381
Navy	3,734,781	3,593,806
Air Force	2,903,562	3,540,563
Total	**13,105,212**	**13,313,750**

Total Inpatient Collections (Dollar) per Non-AD Disposition

Service	FY2003	FY2008
Army	$214.80	$244.16
Navy	$144.15	$150.54
Air Force	$290.80	$328.77
Total	**$209.99**	**$230.57**

Total Outpatient Collections (Dollar) per Non-AD Visit

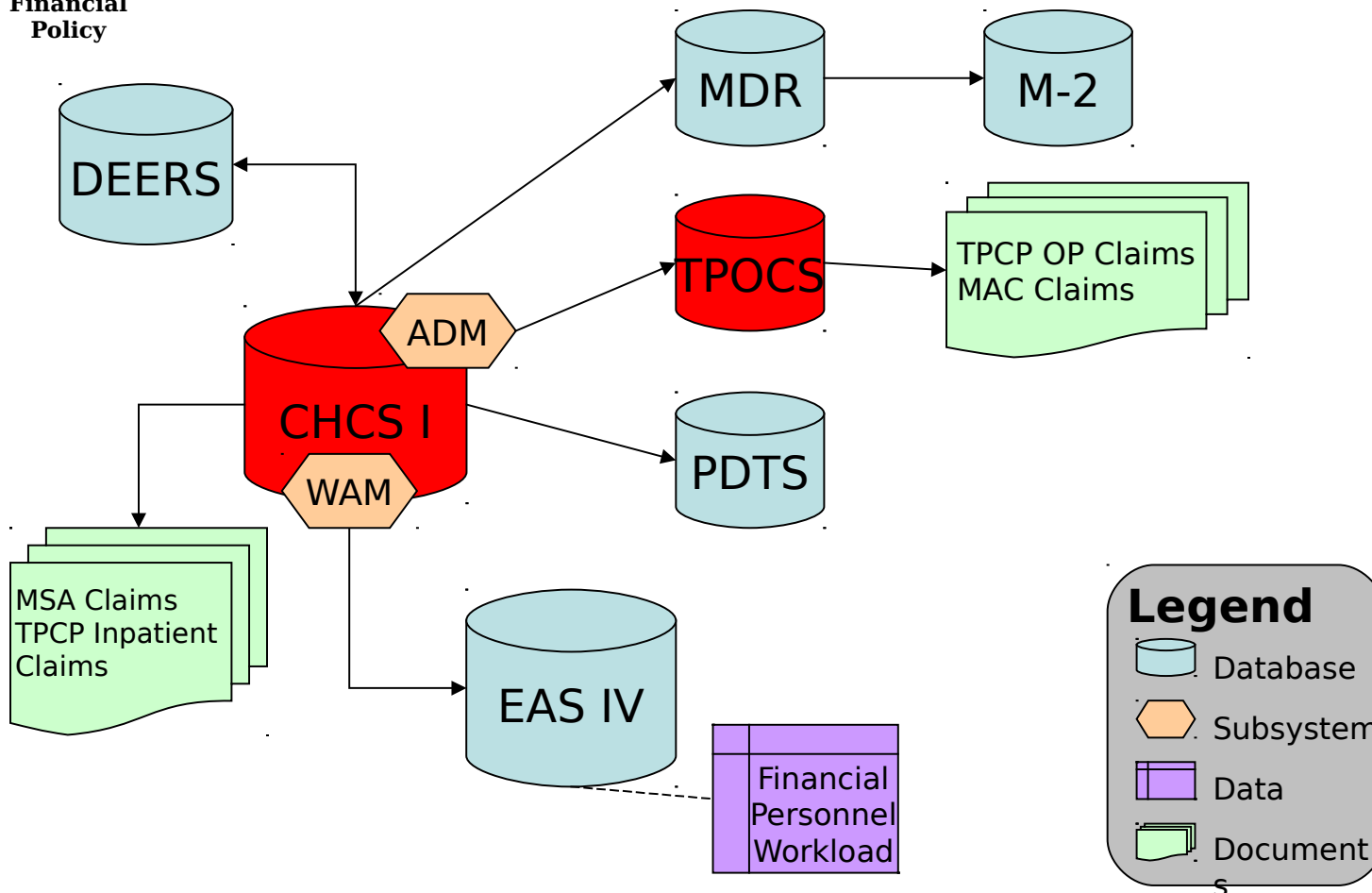| Service	FY2003	FY2008
Army	$2.89	$8.87
Navy	$2.89	$8.51
Air Force	$6.30	$22.79
Total	**$3.65**	**$12.48**

MHS Billing Systems

- Third Party Outpatient Collection System
  - Government developed system for billing <u>outpatient</u> TPCP (includes outpatient visits, lab/rad/pharmacy prescriptions)
- CHCS Medical Services Account (MSA) Module
  - Government developed module used for billing TPCP inpatient claims (both institutional & professional charges) & MSA
- Relationship to other systems
  - Provider Specialty Codes
  - Collection of other health insurance (OHI) information in CHCS
  - Centralized OHI Repository on DEERS

Existing MHS Systems

Legend
- Database
- Subsystem
- Data
- Documents

DEERS

MDR → M-2

CHCS I
- ADM → TPOCS → TPCP OP Claims MAC Claims
- ADM → PDTS
- WAM → MSA Claims TPCP Inpatient Claims
- WAM → EAS IV

Financial Personnel Workload

14

Future MHS Billing Systems

- Patient Accounting System (PAS) Charge Master Based Billing (CMBB) **was planned** to replace TPOCS and CHCS MSA Module for TPC, MSA & MAC billing

  - A $42.0M contract was awarded in September 2006

  - Numerous problems were encountered during systems integration

  - Services voted in June 2007 to not to support FY 2008 funding and **cancel CMBB** due to functional shortcomings

  - Use of a central database (e.g., MDR) to provide billing information for use by the Services is being studied
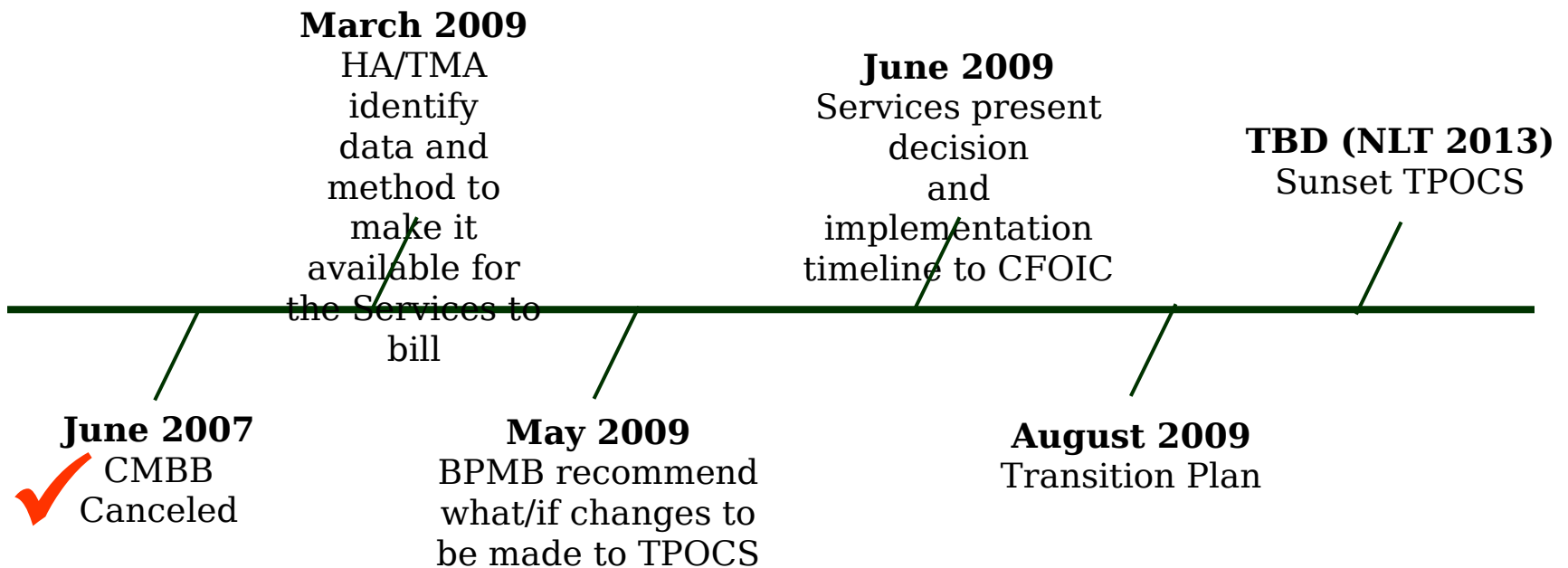
15

Proposed Schedule of Events

March 2009
HA/TMA identify data and method to make it available for the Services to bill

June 2009
Services present decision and implementation timeline to CFOIC

TBD (NLT 2013)
Sunset TPOCS

June 2007
✓ CMBB Canceled

May 2009
BPMB recommend what/if changes to be made to TPOCS

August 2009
Transition Plan

Data Quality Characteristics

- Accurate
- Complete
- Concise
- Cost-effective
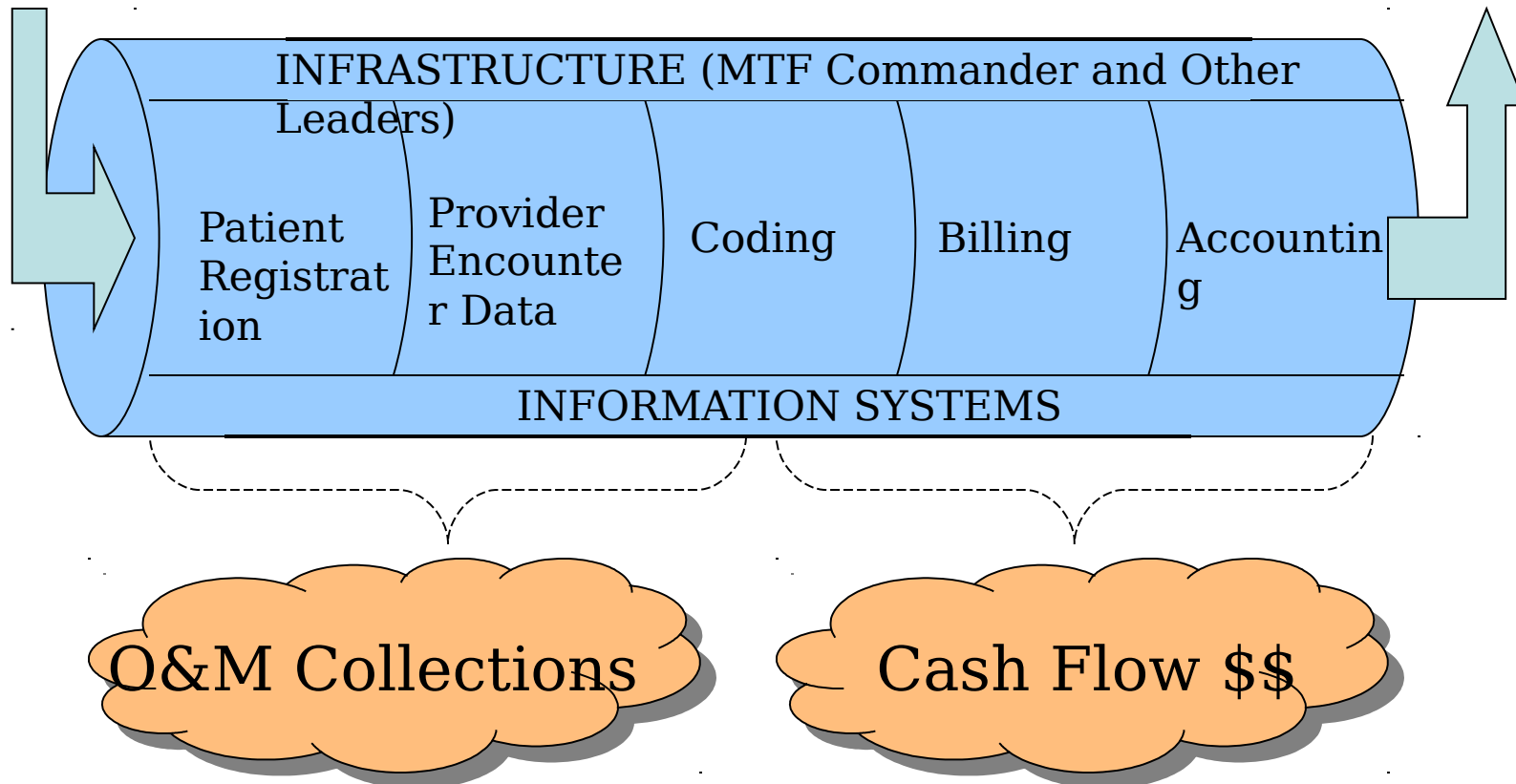- Relevant / Timely / Up-To-Date
- Presentation
- Consistent

MTF Revenue Cycle

Information / Data   **Cash**

INFRASTRUCTURE (MTF Commander and Other Leaders)				
Patient Registration	Provider Encounter Data	Coding	Billing	Accounting
INFORMATION SYSTEMS				

O&M Collections

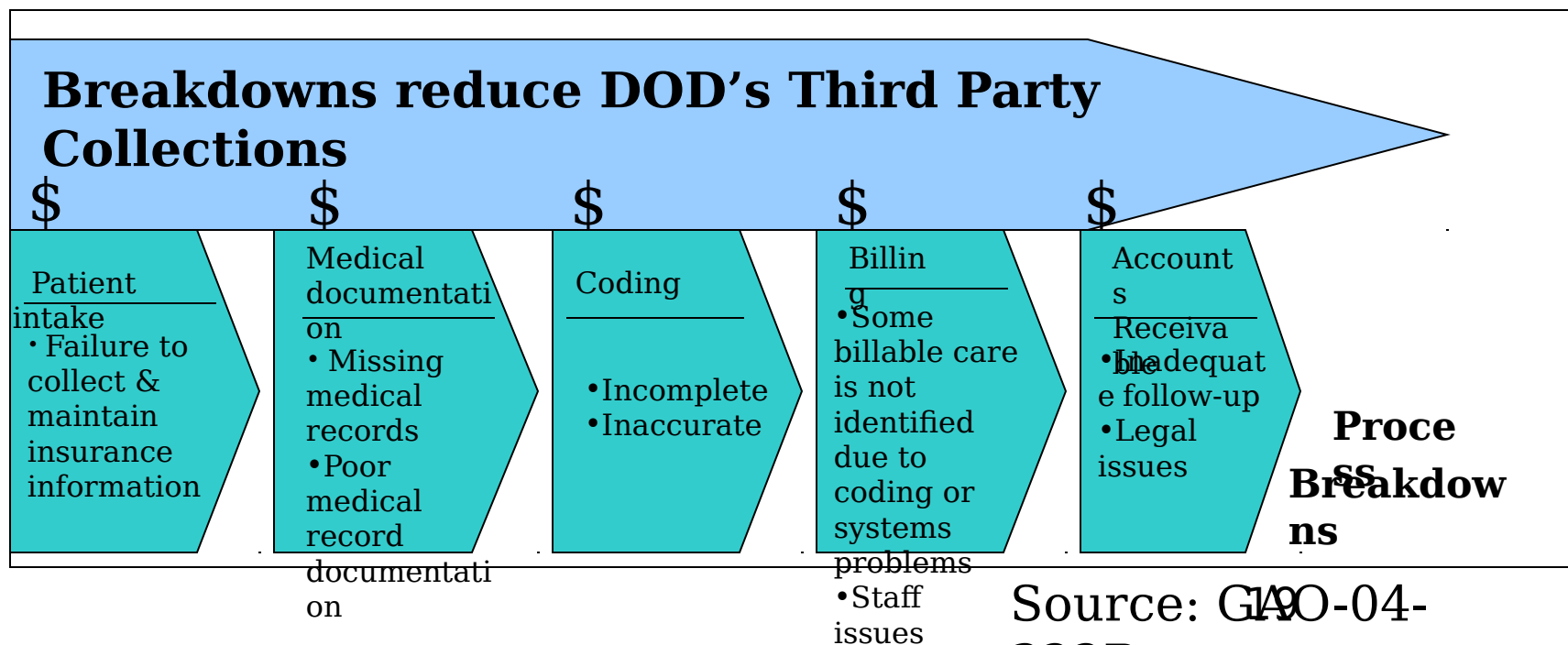Cash Flow $$

GAO Report Findings

- Results from a February 2004 GAO report identified breakdowns in each phase of the revenue cycle and the resulting adverse effects on collections
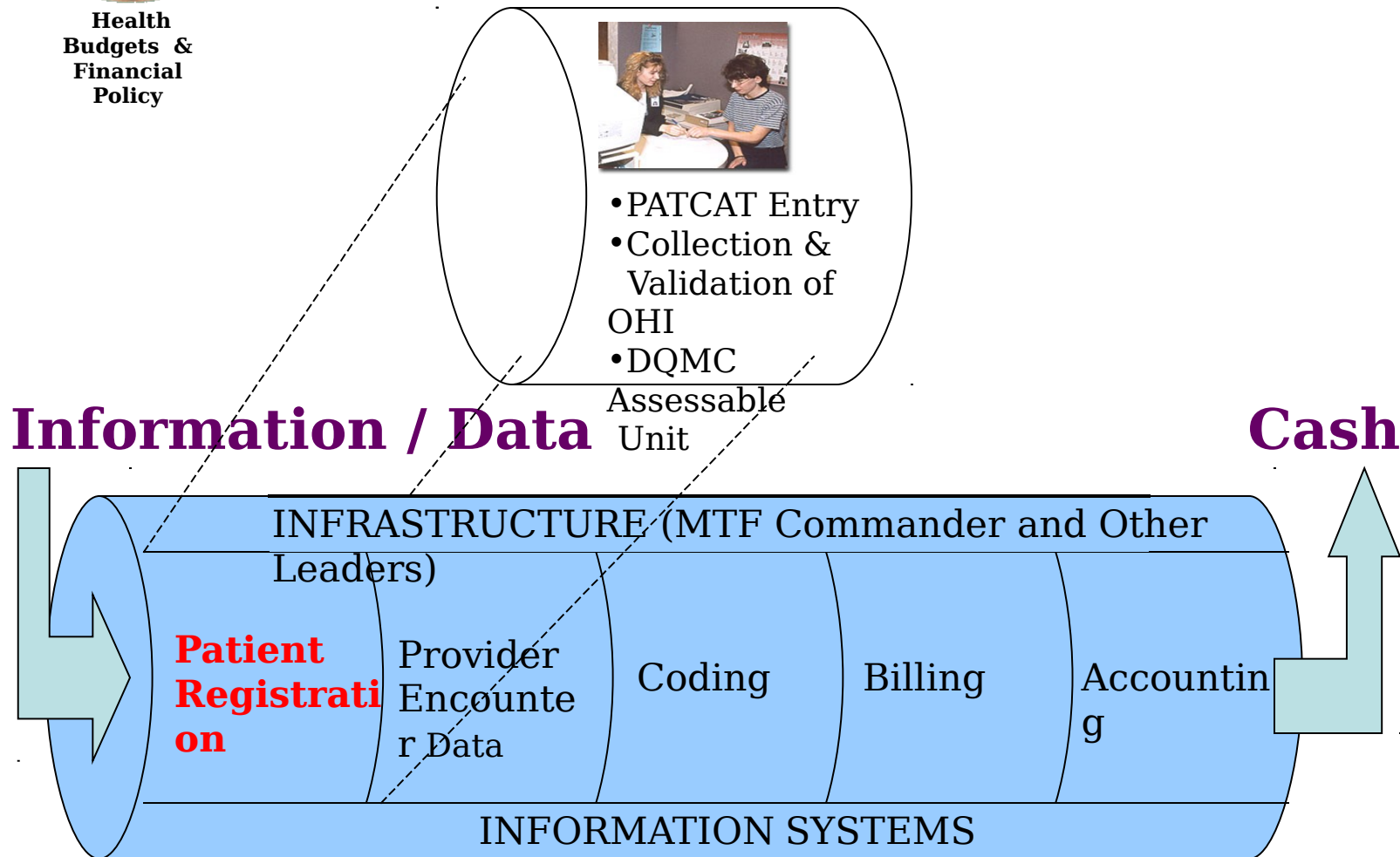
Breakdowns reduce DOD's Third Party Collections

$ $ $ $ $

Patient intake
- Failure to collect & maintain insurance information

Medical documentation
- Missing medical records
- Poor medical record documentation

Coding
- Incomplete
- Inaccurate

Billing
- Some billable care is not identified due to coding or systems problems
- Staff issues

Accounts Receivable
- Inadequate follow-up
- Legal issues

Process Breakdowns

Source: GAO-04-322R

Patient Registration

- PATCAT Entry
- Collection & Validation of OHI
- DQMC Assessable Unit

Information / Data   **Cash**

INFRASTRUCTURE (MTF Commander and Other Leaders)

Patient Registration	Provider Encounter Data	Coding	Billing	Accounting

INFORMATION SYSTEMS

Health Budgets & Financial Policy

Importance of <u>Accurate</u> PATCAT Entry

- Patient Category (PAT) determines the reimbursable rate (if any) for healthcare
  - Over 300 PATCATs to select from
- Challenge of Patients with Multiple PATCATs
  - Spouse of AD Member who is a Reservist and employed as a Federal Employee
- Whose responsible for training/accuracy?

Training for Selecting the <u>Correct</u> PATCAT

- Selecting correct PATCATs was added as a recurring training session at the annual UBO/UBU Conference beginning in 2005
- A TRICARE University On-line PATCAT course was developed and available for enrollees April 2007 to May 2008
  - 179 people successfully completed the course
- PATCAT course now available via the TMA UBO website

Medical Affirmative Claims (MAC)

- Are all patient injuries being identified for JAG review as possible MAC cases?
  - Active Duty Included
- Is anyone training your intake personnel to identify potential MAC claims?
  - If no one is responsible then it's not getting done
- How much is your MTF losing in unidentified MAC cases?
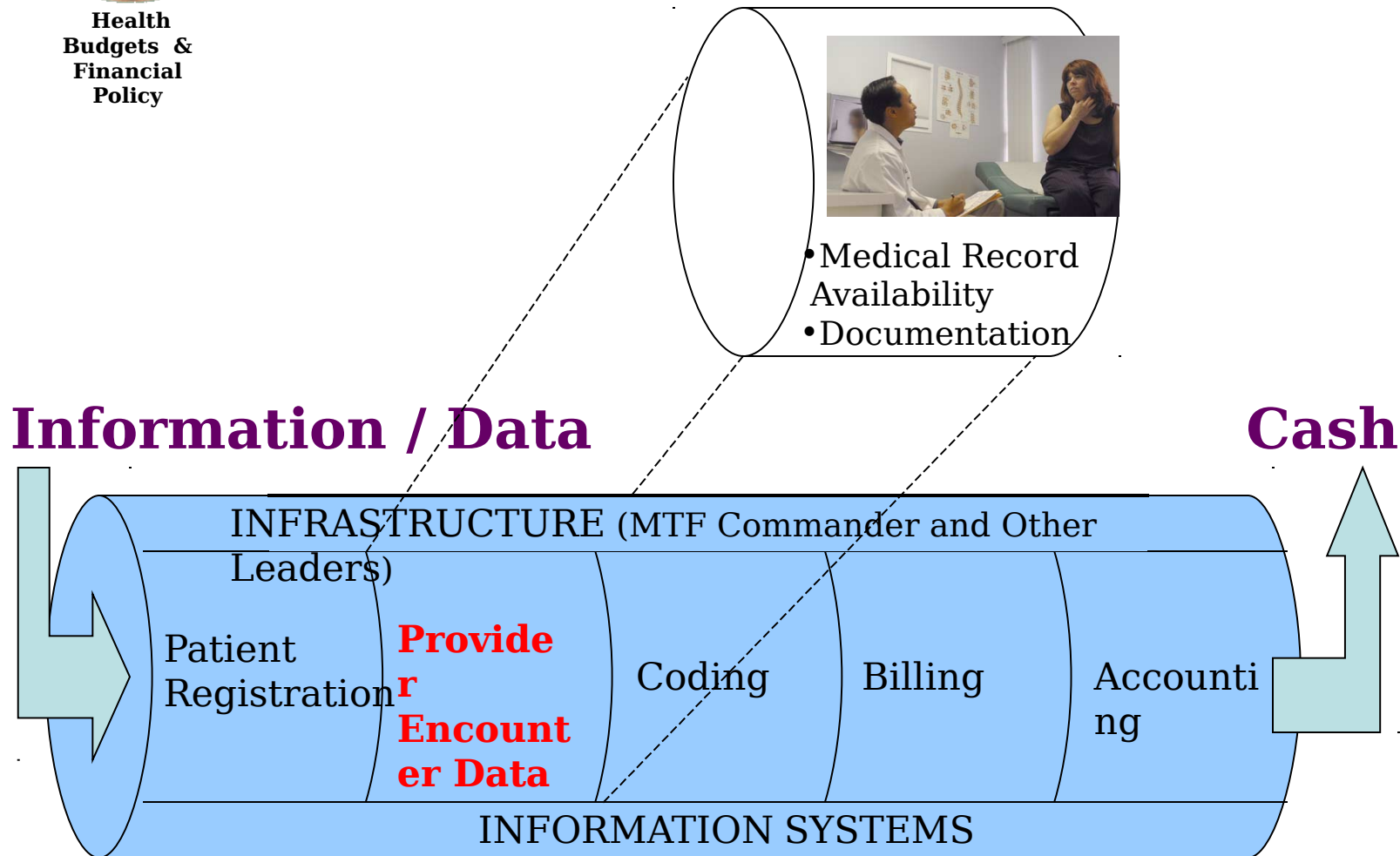
Other Health Insurance (OHI) Information

- Use DD Form 2569 to capture OHI information about your patients
  - All Non-Active Duty Patients required to complete it every 12 months or if data changes
  - OHI needs to be entered into CHCS or it "doesn't exist" for billing purposes
  - Direct correlation between presence of a current DD Form 2569 in patient record and rate of TPC billing
  - Reported monthly in Commander's DQ Report

Provider Encounter Data

- Medical Record Availability
- Documentation

Information / Data

Cash

INFRASTRUCTURE (MTF Commander and Other Leaders)

| Patient Registration | **Provider Encounter Data** | Coding | Billing | Accounting |

INFORMATION SYSTEMS

CHCS Provider Specialty Codes (PSC)

- Set of codes unique to CHCS

- Current business rules preclude TPOCS from receiving ADM encounters with blank PSCs or PSCs > 900
  - (exception of 901 – Physician Assistant)
  - 702 (Clinical Psychologist) versus 954 (Psychology)

- Site visit to large medical center found 20% of PSCs fields were blank
  - Billable ADM encounter never reach TPOCS

Correcting the CHCS Provider Specialty Codes (PSC)

- Get your site's most current CHCS Provider Profile and review the PSC fields for accuracy
  - No blank fields
  - Billable providers have PSC under 900 (plus 901 – Physician Assistant)
- Determine whose responsible for maintaining the PSC fields and TRAIN THEM!!!
- Periodically review the PSC fields to make sure the problem really has been <u>permanently</u> fixed
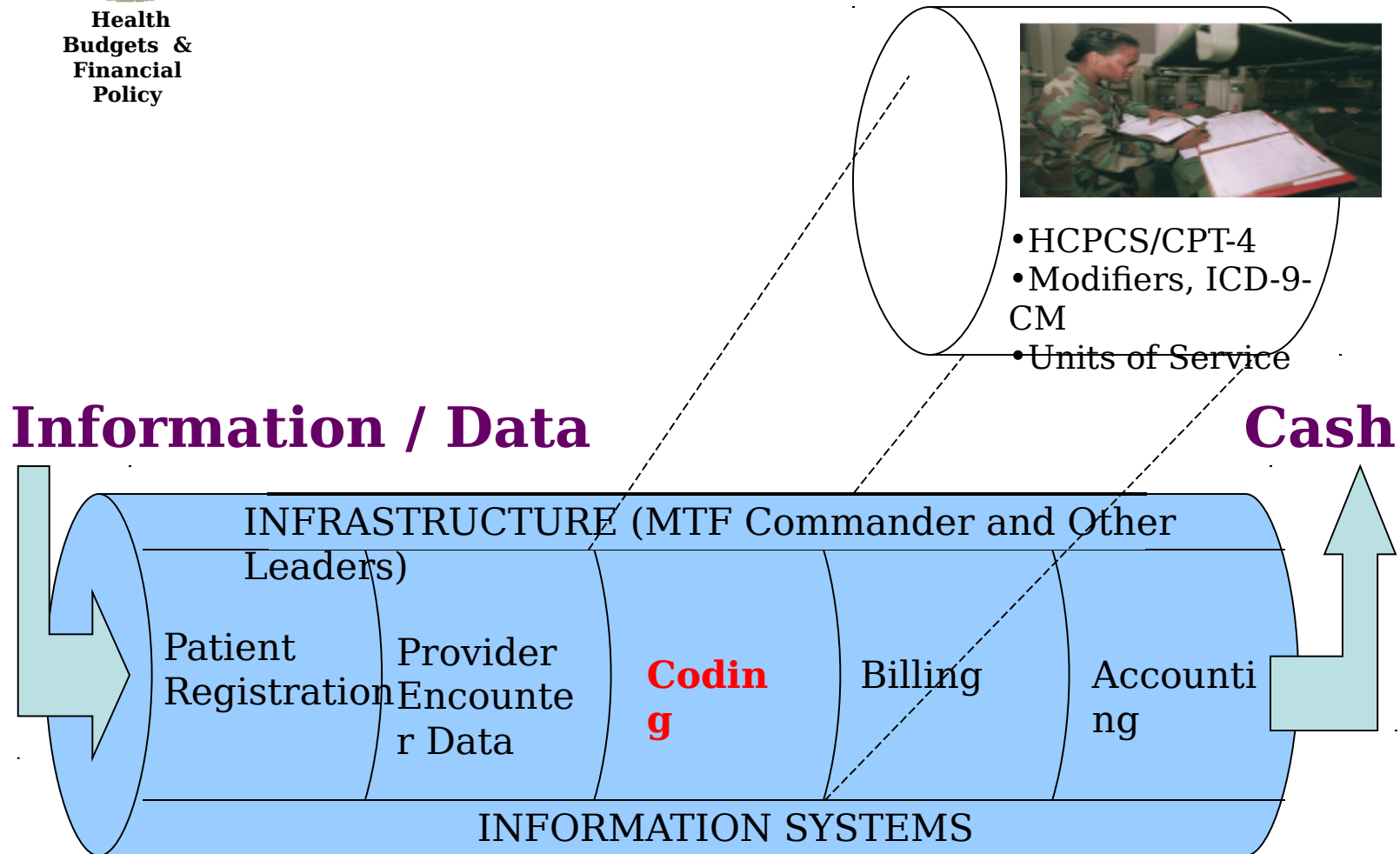
National Provider Identifier (NPI) Type 1

- Every provider who can bill for healthcare services is required to have one
- 23 May 2007 was the deadline for MHS providers to obtain their own unique NPI Type 1
- Active Duty Statistics as of 22 May 2008
  - Actual/Required (% Achieved)
  - Army – 14,053/11,697 (120%)
  - Navy – 9.288/8,864 (105%)
  - Air Force – 8,220/7,850 (105%)
- Are all of your providers NPI Type 1s in CHCS?
  - No NPI = No Payment from Insurance Companies

Coding

- HCPCS/CPT-4
- Modifiers, ICD-9-CM
- Units of Service

Information / Data

Cash

INFRASTRUCTURE (MTF Commander and Other Leaders)

| Patient Registration | Provider Encounter Data | **Coding** | Billing | Accounting |

INFORMATION SYSTEMS

29

Billing

- Insurance Verification
- Claim Form Data & Line Item Billing

Information / Data

Cash

INFRASTRUCTURE (MTF Commander and Other Leaders)

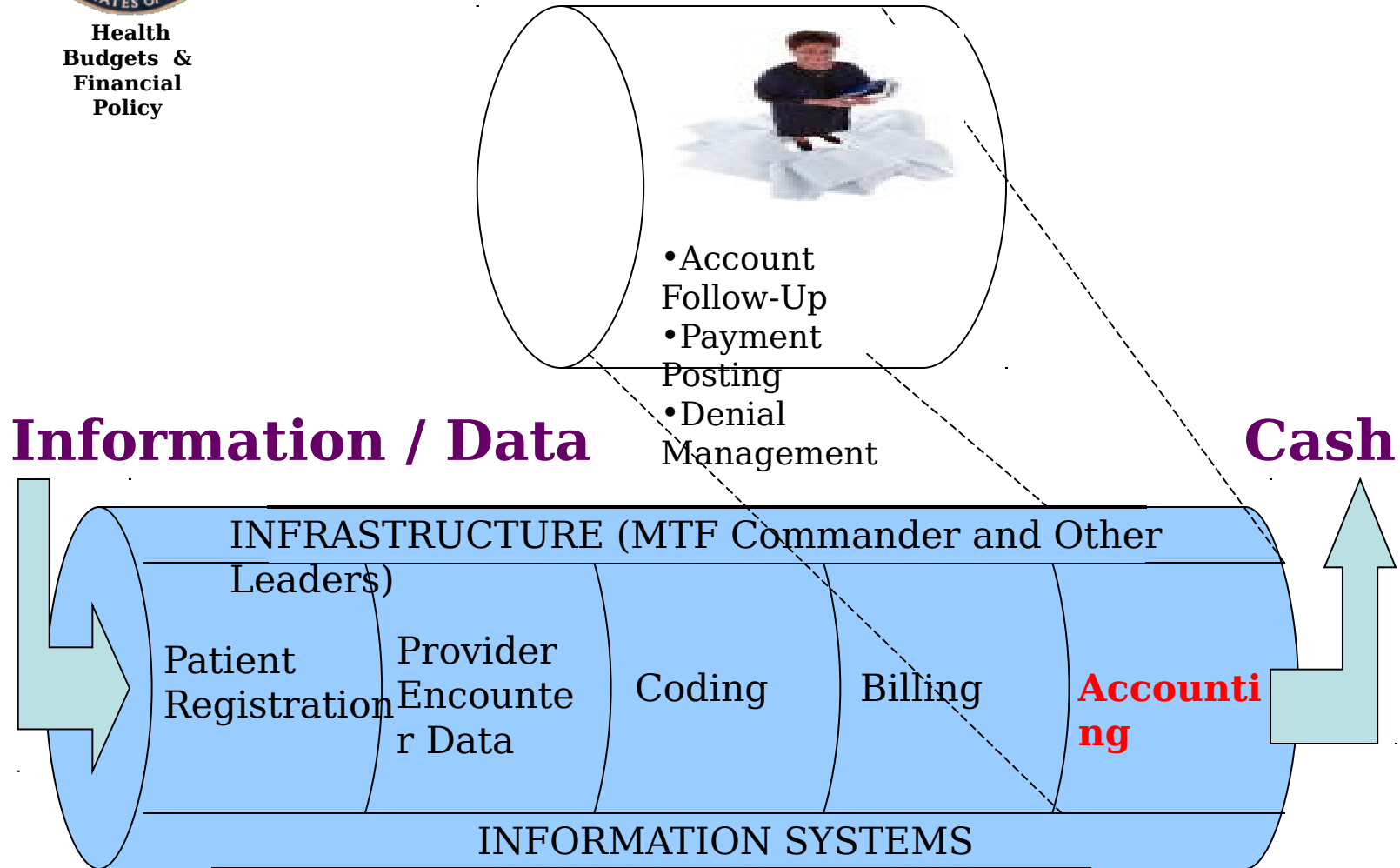| Patient Registration | Provider Encounter Data | Coding | **Billing** | Accounting |

INFORMATION SYSTEMS

30

Accounting

- Account Follow-Up
- Payment Posting
- Denial Management

Information / Data

Cash

INFRASTRUCTURE (MTF Commander and Other Leaders)

| Patient Registration | Provider Encounter Data | Coding | Billing | **Accounting** |

INFORMATION SYSTEMS

UBO Success Factors

- What are the Focus Points?
  - MTF Revenue Cycle
    - Team Effort (not the just the UBO's challenge)
    - Staff Education & Training
    - Electronic Interfaces
  - Leadership Involvement
    - Stress the need to complete the OHI forms (DD Form 2569s)
    - Brief them on UBO Performance (e.g., OHI Capture, Billings & Collections for TPCP, MSA & MAC)

Resources

- UBO Web Page

   http://www.tricare.mil/ocfo/mcfs/ubo/index.cfm

- UBO Help Desk

   ubo.helpdesk@altarum.org

   703-575-5385

Resources (con't)

- Defense Health Information Management System (DHIMS) Web Site
  - http://citpo.ha.osd.mil/
    - formerly CITPO and TMIP
- Defense Health Services Systems (DHSS) Web Site
  - http://health.mil/DHSS/
    - formerly RITPO, DMLSS & EI/DS

Questions?

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